

CIS 000249974

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
 Account Number : T20019000062
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 Fax Number : (323) 962-3889

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIB HOLDINGS, LLC

T. CLINE

DEC 12 2018

EXAMINER

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2018 DEC 11 PM 2:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIB HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

moisesbenhabib@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888 ext. 9724

at ()

Name of Person

Area Code

Daytime Telephone Number

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIB HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/24/2018 and assigned Florida document number L18000249974.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 Wilson Bridge Dr. A2

(Principal office address MUST BE A STREET ADDRESS)

Oxon Hill, Maryland 20745

Enter new mailing address, if applicable:

550 Wilson Bridge Dr. A2

(Mailing address MAY BE A POST OFFICE BOX)

Oxon Hill, Maryland 20745

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BENHABIB, MOISES I	555 WILSON BRIDGE DR., APT. A2	<input type="checkbox"/> Add
		OXON HILL, MD 20745	<input checked="" type="checkbox"/> Remove

AMBR	BENHABIB, MOISES I	550 Wilson Bridge Dr. A2	<input checked="" type="checkbox"/> Add
		Oxon Hill, Maryland 20745	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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2018 DEC 11 PM 11:46
 MAIL OF SERVICE
 11 WILSON BRIDGE DR
 OXON HILL MD 20745

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/19/2018



Signature of a member or authorized representative of a member

Moises I. Benhabib

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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11/19/18